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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL

OF

MEDICINE AND SURGERY.

BOSTON MEDICAL LIBRARY ASSOCIATION

EDITED BY

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VOLUME VI. 1884.

PHILADELPHIA:
F. A. DAVIS, Att'y, Publisher,
No. 1217 Filbert Street.

FOREIGN AGENCIES:
LONDON:—H. K. Lewis, Medical Publisher, 136 Gower Street.
PARIS:—Adrien De la Haye & Emile Le Crosnier, 23 Place de L'Ecole de Medecine.
VIENNA:—Josef Safar, VIII Schlösselgasse, 24.

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VOL. VI. PHILADELPHIA, JANUARY, 1884. No. 1.

A CLINICAL LECTURE.

HYPERTROPHIED TONSILS.

DELIVERED TO THE POST-GRADUATE CLASS AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY CARL SEILER, M.D.,
INSTRUCTOR ON LARYNGOLOGY.

[Reported for THE BULLETIN.]

GENTLEMEN: We have among our patients to-day several cases of hypertrophied tonsils, and as this disease is very common, you, as general practitioners, will be called upon to treat a number of cases together with the numerous remoter symptoms to which this condition gives rise. It will, therefore, be an hour profitably spent if we choose this subject for discussion. The tonsils, as you know, are two glands of oval shape situated between the two pillars of the velum palati, the use of which, however, has not as yet been discovered. Histologically considered they consist of a collection of small granular round cells, which are separated into lobular congregations by strands of connective tissue. The whole is surrounded by a connective-tissue capsule in which the division strands terminate, and which in turn is covered by mucous membrane lined with pavement epithelium. In numerous places this capsule and its epithelial covering dip into the body of the gland forming the so-called follicles which secrete a thick mucus. This frequently becomes inspissated, filling the follicles with a white cheesy mass which, in some cases, is apt to undergo calcareous change accompanied by fœtor.

If now these glands become the seat of a more or less acute inflammation which may or may not give rise to subjective symptoms, and if this inflammation has a tendency to recur at frequent intervals, the connective-tissue becomes increased in bulk and the cells in the lobules in number by the permanent products of inflammation. Thus the glands which normally lie hidden between the pillars of the palate become enlarged and protrude into the oral cavity, giving rise to the train of symptoms which you will observe in these cases before us to-day. Before bringing in the patients I will call your attention to the fact that we observe several varieties of hypertrophied tonsils, which, although alike in their clinical features, must be treated differently.

The most common form is the ordinary enlarged tonsil which I have described to you in its histological characteristics, and which feels to the touch of the finger moderately hard and elastic. Another variety much less frequent feels very hard, more like a fibrous tumor and is very vascular. It has been termed by Dr. Jarvis the scirrhous variety, and finally we meet with cases, generally in adults, in which the tonsils are somewhat enlarged, but at the same time full of holes and pits so as to present a ragged appearance, and usually the anterior pillars are adherent to the gland.

Chronic hypertrophy of the tonsils is mostly seen in children from four to sixteen years of age, but it has also been observed in infants and in persons far advanced in life.

CASE I. The first case I will show you is this little boy five years of age who, his parents tell us, has been subject to sore-throat at frequent intervals both in winter and in summer. Lately they have noticed that he breathes hard and noisily in his sleep, and that his voice has

grown "thick." On inquiry, we learn that his appetite is not as good as it formerly was, that he is fretful and often languid, and that he is troubled with a dry hacking cough.

We will now introduce the tongue depressor and examine the fauces, and now you see the enlarged tonsils protruding between the pillars. The left one is larger than the right, and on the latter you notice that the anterior pillar is drawn forward. By passing a bent probe behind the fold of mucous membrane we find that it is adherent to the gland but can readily be loosened, the adhesion not being very firm. Nowhere in the throat do we find any acute inflammatory process, and the cough must be due to reflex irritation caused by the enlarged tonsils. And now, gentlemen, what shall we do for this condition, which, as you notice, materially interferes with the child's general health, by irritating the whole mucous tract of the alimentary canal and of the respiratory organs, as well as depriving him of the necessary amount of oxygen during sleep? The only reliable remedy, and at the same time the quickest to give relief, is ablation of the tonsils. By ablation I mean the cutting off that portion of the enlarged glands which protrude beyond the pillars, and not excision or enucleation of the entire gland. This operation, if properly done with suitable instruments, is entirely without danger in the ordinary non-scirrhous variety, giving rise neither to pain nor to hemorrhage, and is so easily and quickly done that the little patients frequently are not aware of the operation having been performed until they notice a little blood tinging the saliva.

Formerly the operation was performed by drawing the tonsil out of its bed with a pair of forceps, and then cutting off the protruding portion with a curved bistoury; at the present time, however, an instrument called a tonsillotome is generally employed, although the old method is still adhered to by some of our older surgeons. The advantage of the tonsillotome over the forceps and bistoury is that but one hand of the operator is employed in the operation, while the other is free to depress the tongue of the patient, and in a measure control the movements of his head while the instrument is being introduced.

I will now proceed to ablate the tonsils of our little patient, and you will have an opportunity to observe how little pain and hemorrhage is caused by the operation. The boy being placed in a chair with his back to the window, I throw the light into his mouth with the head-mirror. An assistant, or the mother of the child, will now hold his head in such a manner that pressure is exerted upon the skin of the neck immediately behind the angle of the lower jaw, which causes the swollen tonsils to protrude still more into the fauces and prevents their slipping from the grasp of the instrument. I then with the index finger of the left hand depress the tongue, and, introducing the tonsillotome with my right, cut off a large piece of the tonsil. Without giving the patient a chance to move, I quickly change the instrument for a clean one, and, taking it in the left hand while I depress the tongue with the right index finger, cut off a piece of the other,—this time the right tonsil. You now see that there is hardly any blood, and the expression of the face of the child is sufficient evidence of the absence of pain.

You will have noticed that I was very careful in excluding the anterior pillars from the grasp of the instrument to prevent their being wounded, because a large branch of the tonsillar artery runs close to the edge of this fold of mucous membrane, and you can imagine that if this were cut we would have serious hemorrhage. In cases where the pillar is so tightly adherent to the swollen glands that it cannot be loosened with a bent probe, as was done in this instance, a preliminary operation, that of loosening the pillar by the galvano-cautery knife should be resorted to before ablating the tonsils.

The after-treatment is very simple, and consists mainly in the regulation of the food, which should be of the mildest character, such as soft mush, milk toast, and as a reward for the good behavior of our little patient during the operation, a little ice-cream, which at the same time acts as an antiphlogistic measure. If oozing of blood from the cut surfaces should appear within a few hours after the operation, small pieces of ice held in the mouth, and a gargle consisting of gallic acid gr. xx, and tannic acid gr. x, in a tumblerful of water, will soon stop it; but I rarely have had occasion to administer anything of the sort. Within twenty-four hours all pain has usually disappeared, and the patient is able to swallow without the slightest discomfort.

Case II. The second case is a little girl six

years of age, presenting the same symptoms as the patient just operated on, with the exception that she complains of her throat being sore. The mother tells us that she has frequent attacks of sore throat, and that the present attack has lasted for two days. On inspection we find the tonsils greatly enlarged and red, the pillars are inflamed, and so is the pharyngeal wall in a less degree. You also notice small white patches here and there on the surface of the tonsils which somewhat resemble the pseudo-membranous exudation of diphtheria, for which they are often mistaken by the casual observer. Let us see what they are. By taking a probe and dislodging one of them, you notice that there is a pit-like depression in the surface of the tonsil at the spot where the white substance was situated, and that there is no ulceration or even abrasion of the mucous membrane. Further, by placing the substance just removed upon a piece of paper, it can readily be broken up with the end of the probe into a mass resembling soft cheese, which could not be done if it was a diphtheritic membrane. It is simply the inspissated secretion from the follicles of the tonsil, and has no significance whatever.

The glands in this case being in a state of active acute inflammation should not be removed by ablation, because the pain would be very considerable, the risk of copious hemorrhage from the engorged capillaries very great, and erysipelatous inflammation of the surrounding parts might easily follow the operation. We will, therefore, give the child a gargle composed of tr. fer. chlor. fl. dr. 1, potass. chlor. dr. ii, potass. brom. dr. iv, ext. glycyrrh. dr. 1, aqua. dest. q. s. oz. iv. Sig. Half a teaspoonful in water every two hours, gargle and swallow. We shall tell the mother to bring her child again in a week, when we can ablate the tonsils without risk, and thus relieve the patient of the frequent attacks of acute tonsillitis.

CASE III. This young girl, eighteen years of age, gives the following history of her case: Since she was a child she has suffered from periodical attacks of quinsy, which usually terminated in suppuration, and on a number of occasions the tonsillar abscess was opened with the bistoury. Of late years she has had but few attacks, and complains now chiefly of a localized pain in the left side of her neck. Her throat feels hot and dry most of the time; she has a slight hacking cough, poor appetite, is constipated, sleeps badly, and has a great deal of pain in the abdomen and back during her monthly period, when her throat is usually worse. On inspection of the fauces we see the right tonsil of normal size but very ragged, while the left gland is enlarged and full of holes and fissures, which bleed readily when touched, giving rise to the pain she describes. This is evidently the cause of her trouble, for neither the larynx nor the naso-pharyngeal cavity show anything abnormal except a congestion of the mucous membrane. The other symptoms are, without doubt, the remote evidences of the local irritation, and I have frequently observed a close relation between diseases of the throat or tonsils and those of the uterus and ovaries, irritation of the one giving rise to symptoms in the other.

The tonsil in this case is too small and too ragged to be ablated with the tonsillotome, and yet it must be removed in order to relieve the symptoms. Two methods may be pursued in these cases, which are by no means infrequent, viz., destruction of the tonsillar tissue with caustics, such as Vienna paste, the mineral acids or the galvano-cautery, or scraping the gland out of its capsule with a sharp uterine spoon. This latter method, although radical and quick, is at the same time a very bloody and painful operation, and I will not consider it in this case, as the girl is dependent upon the work of her hands for her daily bread, and cannot afford to lay off for several days. I shall, therefore, choose the method of destruction by caustic, and of the whole list will select the galvano-cautery as the surest and least painful. By this method we can destroy, of course, only a small portion of the tissue at a time, and the operation has to be repeated a number of times before all the remaining gland-tissue has been removed.

Taking a flat, curved galvano-cautery knife, I heat it to a cherry-red heat, and quickly carry it to the tonsil, making a number of incisions into the gland parallel to each other. The result, as you notice is, that the tissue in the immediate neighborhood of the cuts becomes disorganized by the heat, and is removed by nature in the process of sloughing. As soon as this process is completed the operation is repeated, and thus gradually the source of irritation is removed, with the ultimate effect of restoring the girl's health. Meanwhile we will give her a tonic of iron and quinine and a

laxative pill, in order to build her up and relieve the constipation and its consequent evils.

Unfortunately, I cannot show you a case of the scirrhous variety of hypertrophied tonsils and demonstrate to you the method of removing them, but for the sake of completeness I will give you a description of the method to be employed. You will remember that I told you that the scirrhous tonsil was very vascular and its connective-tissue very dense and firm, almost cartilaginous, so that if we were to attempt to ablate it in the usual manner with the tonsillotome, or even with the bistoury, we would not only have considerable difficulty in cutting through the tissue at the risk of breaking our instrument, but we would also have necessarily copious hemorrhage, which sometimes is very difficult to control. The safer plan is, therefore, to adopt the method suggested by Dr. Jarvis, which consists in removing the glands with the wire écraseur in the following manner: The wire loop of a Jarvis écraseur, rather larger and stronger than the one employed for removing nasal hypertrophies, is passed around the tonsil and tightened by means of the screw until the patient begins to feel pain, which however very soon disappears again, when the wire is not tightened further. The screw can in a short time again be turned, drawing in the wire until the pain is felt, and the process repeated at short intervals. In fact, it is best to let the patient himself turn the screw when the pain has disappeared, as in this way much time is saved, the indication for turning the screw being the cessation of the pain. In the course of an hour or two the entire tonsil has been cut through by the wire, which in its slow progress has so compressed the bloodvessels as to stop all hemorrhage. In order to prevent any secondary hemorrhage, it is best to brush over the cut surface a solution of nitrate of silver (60 grs. to the oz.), which covers it with a film of albuminate of silver, thus protecting it from the atmosphere and the secretions of the oral cavity. The wound usually heals readily, as in the case of the ordinary hypertrophied tonsil which has been ablated with the tonsillotome.

Dr. G. S. F. Pfeiffer, one of the oldest physicians of Camden, died Nov. 29th, aged 78 years. He was a surgeon in the Union army during the late war.

ORIGINAL COMMUNICATIONS.

FRACTURE OF THE HUMERUS IN INFANT.

BY W. N. POWELL, M.D.

ON September 19th I was called to see a child that could not use its arm, as the messenger said. Upon arriving, I found the infant, *four days old*, resting quietly, with apparently nothing the matter. Making an examination, I found the right arm slightly swollen and containing fever, with a COMPLETE fracture of the humerus, in the middle third, obliquely, of course, caused by the nurse handling the arm roughly in dressing the day previous. There was present distinct crepitation, deformity, and shortening.

I immediately applied a pasteboard splint, with bandages, and confined the arm with a bandage to the chest. When handling the arm, the child would cry vehemently; but after the arm was bandaged, the child went to sleep, clearly showing that there was no pain when the arm was at rest.

I saw the patient next day, and tightened the bandage, some swelling having gone down. Visiting the patient every day for five days, each time tightening the bandage, at the end of which time, all swelling being removed, I put on a plaster-of-Paris bandage, it being one week from date of fracture. Now I saw the patient but twice a week. During the formation of the temporary callus, there was no fever, bowels were regular, appetite good, and the child cried but very little.

At the end of four weeks I removed the plaster bandage, when I found a complete union, the child being able to use the right as well as the left arm. In regard to making passive motion, I would say there was no necessity for that, as I loosened the bandage confining the arm to the chest in the beginning of the week, thus enabling the child to use its arm to a limited extent at will, there being sufficient union at that time to allow of it. I would also say that apposition was so correctly made, that there was not one-eighth of an inch of shortening, as measured by myself.

The reason I report this case is on account of there being so few cases of *complete* (do not understand it as a "green-stick") fracture in infants *so young* on record.

PLATTE CENTRE, NEB.

POST-GRADUATE INSTRUCTION, AND THE STUDY OF THE DISEASES OF THE NERVOUS DISEASES.

BY J. T. ESKRIDGE, M.D.,

INSTRUCTOR ON NERVOUS DISEASES IN THE POST-GRADUATE COURSE OF THE JEFFERSON MEDICAL COLLEGE, PHYSICIAN TO THE HOSPITAL OF THE SAME, AND PHYSICIAN TO ST. MARY'S HOSPITAL.

NOTWITHSTANDING the steady and comparatively rapid progress made in the study of the subject of neurology during the last ten or fifteen years, the medical profession in general is indifferent to many of these advances, and the diagnosis and treatment of nervous diseases remain a bug-bear to some and positively uninviting to others. At a recent meeting of the American Neurological Association, the retiring president, an eminent specialist of New York, in his address, gave, as a possible explanation of the slow growth of that association, that nearly every general practitioner of medicine considered himself more or less a neurologist, and therefore he was not interested particularly in the association. To the writer's mind it would be difficult to invent a more flimsy excuse for the tardy growth of the National Association, or for the lack of interest shown by the majority of the medical profession in it. Instead of an excuse, it seems more like the well-known sarcasm of that acute observer directed against the profession for its indifference in a branch of the healing art, itself playing so important a part in the alleviation of human suffering. It appears that the true explanation of the lack of interest in the subject of neurology, shown by the general practitioner of medicine, is found in the fact that only a few years ago this department of medicine did not receive more than a passing notice in the regular courses of instruction given in our best medical colleges.

The thorough investigation of the diseases of the nervous system is regarded justly a difficult task. It requires time, patience, perseverance; a knowledge of the anatomy, physiology, and pathology of the nervous system, together with a more or less familiar acquaintance with the various apparatuses, especially the electrical, employed in the diagnosis and treatment of these diseases. So formidable is the list of nervous diseases, and so numerous the appliances used in their diagnosis and treatment, that physicians who graduated only a few years ago, unless they have kept themselves abreast with the advances recently made in this department, feel unqualified to undertake scientific and valuable observations in neurological medicine. The French say that the history of a case is not complete without an account of the *post-mortem* examination. This statement is not far from the truth in the study of nervous diseases, and in the study of those of the brain especially. An intelligent *post-mortem* examination of the brain requires a knowledge of its main fissures and convolutions; of its ventricles, ganglia, fibres, capsules, bands, etc., and the relation they bear to one another; a practical knowledge of the subject of cerebrotomy, and of cerebral localization. During the last few years diseases of the nervous system have been receiving increased attention; many medical colleges have established special lectureships on the subjects of neurology and psychiatry; and in most of those which have not specialized them by lectureships, the professor of the practice of medicine devotes some time to their consideration, and the clinical instruction in these institutions is greatly enriched by a careful study of the most interesting cases of nervous diseases. Already the National Association for the Protection of the Insane and Prevention of Insanity is clamoring for increased facilities in the medical colleges for the instruction of students and physicians in the subject of psychiatry.

Of very recent date is the establishment, by many of the most wide-awake medical schools, courses for post-graduate instruction. These courses have special departments for the study of nervous diseases. This additional instruction has been provided to meet a demand made by physicians who come to large medical centres after years of practice to acquaint themselves with the practical application of instruments of precision, and to make themselves familiar with the most approved means of investigation. In this country it too often happens that the medical student, intent on graduation, with no opportunity to pursue any particular line of study, subjects himself to the process of "cramming" until his degree is obtained. A few, the more favored, on the receipt of their diploma, are able to acquire a practical knowledge of their profession in the various hospitals and dispensaries, and under private instructors on special branches; but the majority of recent graduates are compelled to practise medicine a few years under many disadvantages to themselves and patients before

they can afford to avail themselves of opportunities for practical instruction. It is to these who have proved themselves zealous, even under adverse circumstances, and who are yet desirous of more thorough and accurate knowledge, that post-graduate instruction is adapted especially. Bearing in mind the needs of a busy practitioner of medicine, the post-graduate courses are made as practical as possible, no time being wasted with lengthy discussions of unsettled theories. In the Nervous Department, for instance, under the subject of electricity, the construction and management of batteries and static machines are fully explained, and special attention is paid to electro-diagnosis and electro-therapeutics. Physicians taking these courses (in the Nervous Department) are expected to examine patients affected with various nervous diseases, to interrogate the special senses, determine the condition of the reflexes, electro-muscular sensibility and contractility, and write detailed histories of cases. Each is made acquainted with the German formula of healthy muscular reactions, and with the reactions of degeneration. The many rare nervous lesions found in large college clinics, enable the physician availing himself of the opportunities afforded by post-graduate instruction to become practically familiar with nearly every nervous disease that he is likely to meet with in subsequent years of practice. As these courses are accessible to all graduates of respectable medical colleges seeking such aid, and as increased attention is being given to the subject of neurology by all medical colleges in their regular courses of instruction, there will be no excuse soon for the general practising physician who remains uninformed in this department of medicine. When the proportion of the medical profession engaged in investigating nervous diseases shall have increased from five to tenfold over its present number, it does not seem unreasonable to expect that some of the affections of the nervous system now considered irremediable may be cured, and that many, at present the opprobria of medicine, shall at least be prevented. Certainly, as neurology receives increased attention, we shall hear of fewer cases of infantile paralysis being mistaken during the febrile stage for malaria; of progressive muscular atrophy being treated years for rheumatism; or of the lightning pains, sometimes found in the pre-ataxic stage of tabes dorsalis, being diagnosed as general neuralgia.

THE HYGIENE OF CHOLERA.

BY C. C. VANDERBECK, M.D., PH.D.

HAVING read a timely editorial on cholera in a recent issue of THE BULLETIN, I am prompted to write you some account of my studies of the hygiene of this disease. Those who wish an elaborate discussion of the subject should consult "The History of the Cholera Epidemic in the United States in 1873," wherein also may be found a full bibliography of its literature.

The results of a careful examination of a vast amount of literature on the subject lead to these conclusions:—

I. The habitat of cholera is India (Hindostan), about the numerous mouths of the Ganges, and that the poison is developed spontaneously ONLY in that region.

II. Outside of India the poison is contained primarily in the ejections of patients.

III. This poison may be dried and preserve its vitality for an indefinite period. These dried poison particles may be carried in clothing, bedding, etc., to any distance, and when liberated find their way to the alimentary canal of man, through the air, mouth and nose, or swallowed with the saliva, food or water.

IV. To set up anew the action of the poison, there must be present alkaline moisture and a temperature favoring decomposition; favorable conditions for the growth of the poison being ordinary water containing organic matter, decomposing animal and vegetable matter of alkaline reaction, and the alkaline secretion of the alimentary canal.

A vitally important question for the sanitarian is, What will destroy this cholera poison?

In the first place, it may destroy itself by its own growth. Like a plant (without saying cholera poison is of vegetable origin), it has a life history and dies out in time, and often soon, if it finds insufficient pabulum. Again, the poison may come in contact in water, soil, or air, or in the stomach with acids, and, as indicated above, alkaline conditions favor its development, and thus the poison may be destroyed. In fact acids are the true cholera-germ destroyers.

Secondly, the cholera poison may be destroyed artificially: (1) by acid disinfection; (2) by establishing an acid diathesis in the human system; (3) by starving out the poison.

For the purpose of disinfection, nitrous acid

fumes, and burning sulphur are indicated. As to the acid medication, it has received the indorsement of all the best observers and practitioners having experience in cholera epidemics. It is particularly insisted upon as a preventive. If the disease should break out on shipboard, besides isolating the patient, and acidulating all his discharges and surroundings, the crew and passengers should be placed on sulphuric-acid lemonade. This rule can be applied to army hygiene, and to city and dwelling sanitation.

It has been proven that workers in copper escape, probably due to the inhalation of fumes of sulphurous acid. Out of 32,000 artisans in copper, brass, and bronze in Paris, only sixteen deaths occurred in the last epidemic of Asiatic cholera. The city of Rio Tinto, surrounded by copper mines, has never been visited by this disease. Possibly sulphur itself may be the destroyer of the poison, and it may be the agent in sulphurous-acid fumes; therefore the use of sulphur and sulphate of iron become valuable as disinfectants. Then, as regards the starving out of the poison, we have accepted the fact that disease germs have a natural history, that they flourish—apparently grow, or at any rate retain their deadly power under certain favorable conditions, and that they perish under adverse circumstances.

With many diseases dirt seems to favor the vitality of their germs, and it is without a shadow of doubt the case in the disease under consideration. What is the inevitable conclusion then? To starve out the poison is to be clean—cleanliness in the strictest sense—clean persons and clothing, clean houses, cellars and drains, clean sewers, streets and rivers, clean food and drink. Cleanliness, ever the sheet-anchor of hygiene, is preëminently so in cholera seasons and epidemics.

We have now seen how the cholera poison may be destroyed, both naturally and artificially; but what is the poison? In the opinion of the best cholera experts it is yet unknown. The weight of authority is against its being bacteria or microscopic life. Finding bacteria in cholera ejections does not prove them to be the cause of the disease, any more than finding skippers in cheese proves them to be the cause of cheese degeneration. We must not forget that dirt is favorite soil for low forms of organic life, and suitable food for disease germs, and that bacteria and disease germs may be, very likely are, different things, existing in the same suitable medium for their development.

Some other preventive measures may be mentioned as follows:—

I. A national and international sanitary bureau, somewhat after the style of our weather service, whereby correct information could be promptly disseminated concerning the extent and progress of any epidemic, by which means unity of action could be adopted as regards preventive measures.

How much more noble if statesmanship recognized the value of health to a State, if it cared less for political honors—for wars and boundary lines—more for model towns and dwellings—pure air, food and water for the people, and above all, a noble race of men, strong in mind, body, and will-power. In sanitary science can be found the key to less taxation, to fewer of the blind, deaf and dumb, insane, paupers and criminals, and thus fewer asylums and jails.

II. Each nation, State, and city should encourage sanitary science, and the wide diffusion of its laws among the people.

III. All our influence should be used to discourage the India pilgrimage, a curse to that country, and a great breeding and carrying pest, inimical to the health of the world.

The condensed character of this article is simply suggestive, and will serve, I trust, as material for thought, debate, and action. It is certain, the history of all cholera epidemics proves that this dreaded disease can be controlled by vigorous hygienic measures, and it thus behooves us all to acquaint ourselves with the hygiene of cholera.

CEREBRAL APOPLEXY—VENESECTION—RECOVERY.

BY W. A. WESTCOTT, M.D.

ABOUT five o'clock in the afternoon of September 24, 1883, I was hastily summoned to see a patient, who on examination presented the following symptoms and history: John K., æt. sixty-eight, ship carpenter and contractor by profession, while in the city of Philadelphia had suddenly lost the power of speech, as well as the control of the left leg and arm, although the paralysis was not complete. He had led an active and laborious life, and it was his habit to indulge regularly in the use of alcoholic stimulants. His friends had

plied him freely with stimulants, and were able to get him home at the time stated above, but the accident had happened at noon. The patient was found with the face much drawn and distorted, the voice lost, and the power over the left side nearly gone, although consciousness was preserved. He was breathing with great difficulty, and giving unmistakable evidence of distress and great pain in the epigastrium. The pulse was slow, but not particularly feeble.

Recognizing the fact that the fluid contained in the vascular system is uniform in amount, and that when from any cause a diminution of the blood suddenly occurs, all fluids extraneous to the circulatory apparatus are instantly drawn upon by the lymphatics for the purpose of raising the quantity to the normal, I determined to practise venesection at once. It will readily be seen that the relative proportion of fibrin to corpuscles is increased by systemic depletion, and in this way the occlusion of the torn cerebral vessels is favored, and a recurrence of the hemorrhage prevented. It is by this means, also, that the chances of serious secondary inflammation are reduced to a minimum. The urgency of the symptoms were such that in my opinion venesection was demanded, and accordingly a vein of the arm, at the bend of the elbow, was punctured. Blood flowed freely and at once, the dark color indicating its non-aerated condition, but the effect on the patient was marvellous. Reaction took place almost immediately; the breathing became easier, and the contortion of the facial muscles was manifestly lessened. He was soon able to talk, and the muscular coördination of the affected side was almost perfectly restored. In addition to the above a brisk purgative with a sinapism to the stomach was added, together, and this constituted the immediate treatment. Later on he was placed on chloral, bromide of potassium, and the tincture of aconite.

On October 1st, the temperature was found to be slightly below the normal, the pulse sixty-five, but at no time since the hemorrhage has there been any indication of the presence of inflammation. On the 12th of October this man was able to go about, the face was but slightly drawn, and he was able to talk so as to be understood without difficulty, and there is no perceptible dragging of the leg.

HADDONFIELD, N. J.

REPORT OF THE CHAIRMAN ON MEDICINE,

AT THE SEMI-ANNUAL MEETING OF THE CAMDEN COUNTY MEDICAL SOCIETY, HELD NOVEMBER 13TH, 1883.

BY J. W. SNOWDEN, M.D.

IT is the custom in this society to have read at this meeting a brief synopsis of the diseases of the previous six months. A full report for the year is read at the annual meeting in May.

Dr. E. L. B. Godfrey, of the city of Camden, reports that during the spring months there was the usual number of inflammatory affections, concerning which there is nothing new to be added in the way of treatment.

A case of true croup, I beg to mention, in which advantage was derived from building a blanket-tent around the crib of the child, and keeping the atmosphere within the tent continually moist with steam during the progress of the disease. Stridulous breathing was considerably allayed by the steam, and it materially contributed to the recovery of the child. In cases of croup, in which it is difficult to effect emesis, it is well to resort to hypodermic injections of apomorphia.

During the summer months there were but few cases of cholera infantum in the city. This was due to an unusually cool summer. There are cases of diarrhœa occurring in children in the summer months that are improperly called cholera infantum. In the absence of a copious watery flux, attended with vomiting and emaciation, the term cholera infantum is a misnomer.

The number of cases of typhoid fever has not been as great as during the corresponding time of last year, notwithstanding that the character of the Delaware water remains the same. This is due to the extension of the culvert system, to the cleansing of the water-basin, and the unusual coolness of the summer.

It is known that the cause of typhoid fever is called into existence by the continuous heat of summer. For that reason the disease is most prevalent in the fall. It is now universally admitted that the exciting cause of typhoid fever is due to organized germs. It is believed that the germs float in the air or are suspended in the water, and enter the system during inspiration or the drinking of water. Upon their entrance into the system, they act prima-

rily upon the patches of Peyer, and are capable of reproducing themselves within the body. Their local action is believed to induce an inflammation of Peyer's patches, a fermentation of the albuminoid fluid of the ulcers, and of the intestinal contents. The putrescent fluid becomes absorbed, colonies of bacteria travel from Peyer's patches into the circulation, the blood becomes poisoned and mechanically obstructed in the capillaries, and the constitutional symptoms resulting therefrom are those of septicæmia.

Relapses are believed to be due to reinfection, or to multiplication of germs that were more tardy in their development than others. In the event of death, it is due either to local lesions or to blood poisoning.

As to the treatment of typhoid fever but little need be said. The nitrate of silver treatment of Dr. Pepper, the acid treatment of Dr. Austin Flint, the iodine treatment of Dr. Liebermaster, and the antipyretic treatment of Dr. Currie, of England, consisting of quinine, salicylic and carbolic acid, baths, etc., have not proven altogether satisfactory. Quinine in large doses will reduce temperature, but it is not readily absorbed; salicylic acid disturbs the stomach and does not modify the disease; carbolic acid induces congestion and has caused collapse.

If it be true that typhoid fever is caused by organized germs, which enter the system and act primarily on Peyer's patches, excite putrefaction of the intestinal contents, and then travel into the circulation and disorganize the blood, the treatment should be directed to arrest the primary action of the germs, and to prevent the fermentation of the intestinal contents. Unfortunately this is difficult, owing to the inaccessible location of Peyer's patches. Treatment with antiseptics, per rectum, has proven a failure, and is dangerous to the subject. Antiseptics, by the mouth, are absorbed before reaching the patches of Peyer, and do no good. To be of any avail they must pass into the bowels. Emulsions of turpentine, thymol, carbolic acid, salicylic acid, etc., are carried into the bowels before being absorbed, and probably the good effects of turpentine, first pointed out by the late Dr. Geo. B. Wood, are due to its antiseptic action on the products of the typhoid germs within the bowels.

From the present knowledge of the disease, the facts, so far as known, point to the early use of antiseptic remedies; and the old notion, to delay the administration of turpentine until the tongue becomes dry and brown, should be abandoned.

The disease, however, is one of definite duration; nothing is known that will positively kill its infecting germs within the body, and cases are therefore best treated on the expectant plan.

Malarial fevers have been present during the summer and fall months. It is not strange that malarial poisoning is prevalent; for our city, being situated for more than four miles upon the unimproved banks of the Delaware, is at the mercy of effluvia arising from the organic decomposition in its mud-banks. Fresh water marsh-lands, containing a high percentage of organic matter as well as the alluvial deposits of the Delaware, breed malaria. The growing vegetation of marshes, however, has nothing to do with its development. The soil surrounding us is malarious. Though highly cultivated, it has imbedded in it the products of vegetable decay; and having a subsoil of marl or clay, which prevents thorough drainage, it is kept in a greater or less degree of moisture, and, during the continuous heat of summer, generates malarial germs. I say malarial germs, for the doctrine of the gaseous exhalations of vegetable decomposition, as the causative agents of the disease, has been abandoned.

Crudelli, of Italy, has shown that malaria arises from germs bred in the soil; that the same germs, developed under different conditions, are convertible into the distinct forms of the disease, and can be communicated from one person to another. Microscopical examination of the blood of malarial subjects has shown the parasitic organisms and malaria to have been added to the bacillus class. A peculiarity about malaria, that is known to every one is, that, while retaining an individuality of its own, it enters into and complicates every pathological condition. A knowledge of that peculiarity often makes it the scape-goat of difficult diagnoses. The inordinate prostration and the aching pains attending slight ailments, testify to its silent influence. But it is not always present when it is supposed to be. There is a disease which simulates it in its prostrating effects upon the system; that is like it in complicating every variety of ailments; that is more wide-spread in the number of its victims, and more deeply-seated in the extent of

its results, which is often mistaken for malaria. That disease is syphilis. Common to all ages and to every class, with a poison that is continuous and pervades every structure of the economy, its efforts to compromise the energies of both mind and body are always present.

If, indeed, there is one symptom more than another that is characteristic of syphilis, that symptom is continuous constitutional weakness. The notion that the disease manifests itself in sores, more loathsome than those which afflicted Job, belongs to the past. Through hereditary transmission, the mingling of diatheses, the effect of treatment, etc., it has been modified. The languor of syphilis should not be mistaken for that of malaria. Even in the best-appointed households, the languor of the wife, the irritability of the husband, and the fretfulness of the child frequently yield to anti-syphilitic treatment. Microscopical examination of the blood of malarial subjects show also that the infecting germs of the disease disappear under the use of quinine. In order to accomplish that effect quickly, it is necessary to give quinine in large instead of divided doses, owing to the rapid elimination of the drug. Dr. Smith, of Gloucester City, says: "I have to report our annual visitation of malarial fevers; although this season its invasion was much earlier and more general throughout our city than usual."

Commencing in the latter part of June, and continuing during July and August, we witnessed quite an epidemic of fever, mostly of a remittent type, with quite a number of cases assuming a typhoid form; while those of the intermittent variety were less frequent and mostly quartan. The infrequency of this class of diseases, during September and October, makes a striking contrast with its early appearance. We have thought it due to the construction of a water-works, in which the laying of pipes through the streets, and an unsuccessful attempt to build a basin in a marsh at the edge of the city, kept a large amount of fresh soil exposed during the early months mentioned.

The summer diseases of infancy have been less frequent than usual. During the late spring and early summer, whooping-cough prevailed to a considerable extent, proving fatal in a number of cases in young infants. Dr. Brannin, of Blackwoodtown, writes: "The general health of this neighborhood, during the six months just past, has been unusually good; entirely free from any epidemic diseases, and the mortality has been decidedly less than for several years past during the same season of the year."

In May, June, September, and October we have had some scarlet fever; isolated cases. The type has been about equally divided between the mild and anginose variety. There was one case of malignant form, which died on the fourth day.

In September and October occasional cases of diphtheria occurred; quite severe but no deaths. During June, July, and August the usual summer complaints of children prevailed to a certain extent, but they were not very severe, and yielded readily to treatment. The death-rate was very small. The fatal cases were among children being raised on artificial diet. I will just here say that, if we could prevail upon mothers to nurse their children, the death-rate among infants from the ordinary summer complaints would be reduced seventy-five per cent. at least. I can safely say that nine out of every ten children in my practice who die from the effects of summer complaints, are those fed upon artificial food. These few years past I make it a rule to tell the family, when called to see children suffering from diarrhœa, etc., that are thus fed, not to get their expectations too high.

We have had chills and fever during each and every month for the past six months, but less than one-half what we have had in the several previous years, and less quinine was required to break them.

Remittent fever prevailed to a certain extent during July, August, and September. Typhoid fever began about the last of August, since which time there have been several cases, but no deaths. Cholera morbus and dysentery were very rare during the summer months.

In September I saw several cases of pneumonia, which is very rare at that season of the year in my practice.

In the town of Haddonfield and vicinity there is nothing of interest to report, save the usual prevalence of periodical diseases due to malaria.

In Berlin there has been very little sickness. Dr. Stout mentions a few cases of malarial fever and measles; also, one case of typhoid pneumonia.

In the towns of Waterford and Winslow there

has been less than the usual amount of disease, with the customary exemption from malarial fever; excepting that in the latter place and vicinity epidemic dysentery, of a grave form, prevailed during the summer months. This disease has prevailed in Winslow on several previous occasions, and is undoubtedly due to defective sanitary arrangements.

MEDICAL PROGRESS.

THE TREATMENT OF PSORIASIS.—Dr. J. V. Shoemaker, in speaking upon this subject recently before the Philadelphia County Medical Society, said: "Believing that psoriasis is due to an accumulation of an excess of certain excrementitious substances in the blood, a condition known as one of suboxidation, I always begin and continue the treatment with the object of overcoming this peculiar state of the system. I accomplish this purpose by using such remedies as will act effectively upon the liver and kidneys. I rely more upon removing the excrementitious substances from the blood by these organs, as well as by making the skin very active by various baths, than by giving arsenic and other preparations for their systemic effect. I do not believe in arsenic, or any other remedy, as a specific for psoriasis, and I believe it only acts at times by assisting to overcome this peculiar state of the blood. Napier, of Glasgow, extolled about a year ago chrysarobin, known formerly as chrysophanic acid, given internally in one-half gr. doses, as a remedy for psoriasis. Its action is that of a purgative when pushed to toleration, and it will affect the blood and pale the skin of psoriasis patients, just as any other purgative would given under similar circumstances. In using arsenic, which I often do as an assistance to the treatment just referred to, I always prefer arsenic in the form of arsenious acid or sodium arsenite. The great objection to arsenical solutions, especially Fowler's, are their unstable state, and the improper manner in which they are often prepared. I therefore seldom use them, unless they are fresh and well prepared at the time of administration. If such solutions are kept any length of time they will undergo a change. I have not only made these observations, but have seen the same referred to in several medical journals by well-known authorities. I hold in my hand an extract taken from the Journal de Pharmacie et Chemie, in which M. Delahaye refers to the fungoid formation in Fowler's solution. Here is another extract, taken from Lewin's 'Accidental Effects of Drugs,' in which the author states that 'it has been proved that Fowler's solution loses arsenious acid in the course of time, probably under the influence of organic substances which have gained access to it. The acid is reduced, and escapes as arseniuretted hydrogen gas. Great loss may be occasioned in this way.' As to the manner of administering arsenic for the treatment of psoriasis, I always prefer, when I can, to give it by the hypodermatic method. I generally use pellets of sodium arsenite, such as I exhibit, divided in one-sixteenth, one-tenth, one-fourth, and one-half grain doses, as manufactured by Dr. L. Wolff, of this city.

"Professor Bartholow, in his recent work on 'Hypodermatic Medication,' speaks especially of the utility of this salt of arsenic subcutaneously, on account of it being a higher oxide than the potassium arsenite, and therefore less an irritant. I usually select the inferior scapular or sacral region for the injection, and repeat the operation every day until the eruption shows some signs of abating. In the mean time the constitutional and local treatment already referred to is continued. This method is precise, saves the alimentary canal, and acts in a safer and quicker manner than all other means of administering arsenic for a systemic effect. I perfectly agree with all Dr. Van Harlingen has said of the local treatment of psoriasis, except in the use of pyrogallic acid and naphthol. I regard pyrogallic acid as a dangerous remedy, having seen in several instances very unpleasant systemic effects follow its use. Beisner reported in 1880 four cases of poisoning from the external application of pyrogallic acid, in which two of them terminated fatally. As to naphthol, no prevention whatever need be used in applying such as I have exhibited to you. I have used it all over the body without any untoward effect, both incorporated in lard and gelatine. You have seen me spread this naphthol-gelatine dressing on the typical case of psoriasis I had before you this evening. The dressing is easily prepared, with an ordinary tin or china cup suspended in boiling water. The operator can add ten or thirty grains of naphthol to one-half ounce of gelatine with a little glycerine; stir in the cup now suspended in boiling water, and as the heat

liquefies, the mass can be easily spread over the patches. Plenty of hot water will in a few days remove this dressing, that can be hastily and well applied in the physician's office or at the patient's home."

Pott's Disease of the Spine in very young Children.—As a substitute for the plaster-of-Paris jacket, Professor Hal C. Wyman has devised a method of treatment which presents many commendable features. It is substantially a movable jacket, and its application is briefly as follows: The child being placed in such position that the spine is extended to nearly the normal limit, a piece of canton flannel large enough to cover, say one-third of the circumference of the trunk, is laid on the back. A sheet of absorbent cotton having been placed over this, a cheese-cloth bandage six inches wide and several yards long, with the meshes carefully filled with plaster-of-Paris, is dipped in water and folded lengthwise over the whole. When rubbed smooth with the hand so that it is perfectly adapted to the contour of the parts, a bandage is applied around the trunk, with figure-of-8 turns about the shoulders and pelvis, and the plaster allowed to set. The jacket thus constructed is in the form of a splint, and can be removed every night for the purpose of permitting massage.—*Medical Age.*

Treatment of Granular Lids by Jequirity.—This drug comes to us with the indorsement of Dr. Wecker, of Paris. It is in the form of a bean, which is prepared by pulverizing the fresh bean, macerating in water for twenty-four hours and filtering, when it is ready for use. The strength of the preparation as recommended is ten grains of the seeds to five hundred grains of water. It should be freshly prepared for each case. The method of application is to paint the inside of the lids thoroughly with the solution, using a camel's-hair brush, and then everting the lower lid and carrying the brush rapidly across it two or three times, repeating the operation three times daily.

Irregular Heart Action.—Dr. Bowditch has used the following formula for the past twenty-five years:—

℞. Pulv. digitalis . . . gr. x.
Pulv. colchici sem. . . gr. xx.
Sodii bicarbonas . . gr. xxx.
M. et div. in chart. No. xx.
Sig. One powder three or four times daily.

Kairin, the new antipyretic, is said by those who have had the opportunity of using it, to be a very valuable addition to our therapeutical resources. For the purpose of reducing a high temperature to near the normal, it is given in doses of half a gramme hourly, the intervals being lengthened as the condition of the patient may indicate. It is said the urine becomes of a dark-green color, but that it is free from albumen and casts, and will return to its normal condition in the course of twelve hours after the remedy has been discontinued.

Scrotal Eczema.—Hoang Nan, a vegetable substance in repute in Tonquin as a remedy against rabies, the bite of venomous serpents, leprosy, and several other grave affections, has been used successfully in the treatment of an obstinate case of this disease by Dr. Barthelemy. The patient, a gentleman fifty years of age, had been a sufferer for the period of ten years, and numerous physicians had prescribed for him without affording any relief. Dr. Geneuil commenced the treatment with the use of seven grains daily; but this was increased until the amount reached forty-five grains daily, the result being that at the end of ten days the disease had entirely disappeared. No recurrence had taken place at the end of eighteen months from the time when the treatment had been discontinued.

Oleate of Quinine.—Acting on the suggestions of Dr. John V. Shoemaker in relation to oleic acid and its combinations, Dr. Thomas F. Wood has tried the efficacy of the oleate of quinine, a report of the cases being published in the North Carolina Medical Journal. This remedy was used in two cases, both being children suffering from gastro-intestinal derangements, and cinchonism followed its application. In these cases the drug was applied locally, at first to the inside of the thighs and arm-pits, afterwards all over the abdomen, and in this way in the course of twenty-four hours 60 grains of the alkaloid were used. Clinical observation showed a reduction of the temperature, but the results are not to be considered as positively due to the quinine.

Croup.—Dr. Meunier reports favorably a number of cases of croup treated by sulphide of calcium, in doses of from three to four and one-half grains daily. The granules, one-tenth grain each, are used one or two every hour.

THERAPEUTIC NOTES.

Treatment of Eczema of the Genital Organs; also, Pruritus and Leucorrhœa.—In cases of eczema where glyceroles and ointments have not been of much service, the following preparation can be tried with hope of success:—

℞. Chlorate of potassium, 30 grammes.
Wine of opium, . . 50 "
Water, . . . 230 "

Apply compresses saturated with the above mixture to the part covering it with oiled silk. If there is very much inflammation, hot hip-baths should also be taken, followed by poultices sprinkled with powdered carbonate of lime.

In obstinate cases of pruritus associated with leucorrhœa, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium in about a quart of warm tar-water, used morning and evening, will cure pruritus and ameliorate leucorrhœa.

In leucorrhœa when the discharge is offensive in character, three tablespoonfuls to a quart of tepid water should be used; either of the following mixtures may also be employed:—

℞. Chlorate of potassium, 12 grammes.
Wine of opium, . . 10 "
Tar-water, . . . 300 "

℞. White wine or vinegar, 300 grammes,
Tinct. of eucalyptus, 45 "
Salicylic acid, . . . 1 "
Salicylate of soda, . 20 "

One to five teaspoonfuls to a quart of warm water, used as an injection two or three times a day.

—*Journal de Thérapeutique;* translated by R. O. Kevin, M.D.

Bite of the Cobra.—Permanganate of potassium used hypodermatically, says Professor Lacerda, is an antidote for this poison, and the Emperor of Brazil has generously presented him with the sum of $20,000 as a reward for his discovery.

Warts.—French writers report favorably the internal administration of calcined magnesia for the removal of warts. By the use of seven or eight grains daily for one or two months the disfigurement is said to be effectually eradicated.

Exophthalmic Goitre.—The Lancet reports complete relief obtained from the treatment adopted in the case of a young lady suffering from this disease. The description given is that of a perfect case, but the difficulty had been present for but a few months, and notwithstanding that it is asserted that there was cardiac hypertrophy, complete recovery has taken place. The treatment which was found useful in this case was digitalis and iron, together with the local use of ice and cold. She had also some pepsin to aid digestion, some blue pill, colocynth or scammony for the condition of the bowels, and a little brandy for the stomach's sake. The writer says that for over a month there was a heaving movement on palpation over the cardiac region, which gradually diminished with the general improvement, and he very naturally asks if in this case there might have been temporary hypertrophy as well as dilatation of the heart.

Whooping-Cough.—Dr. W. C. Webb (American Practitioner, August, 1883), after treating nearly two hundred cases recommends croton chloral.

℞. Croton chloral, . 3j.
Tr. cardam. . . } āā ʒij.
Glycerinæ, . . }

M. S. Half a teaspoonful every four hours to a child two years old.

To a child one year or less, is given one grain, and to adults four grains every four hours. A small amount of belladonna may be combined with the above, and if the paroxysms are severe a few whiffs of chloroform may precede the medicine. The drug is to be pushed and the patient carefully watched, and in this way he says there are few cases which cannot be entirely controlled in a fortnight.

Neuralgia.—Dr. Rasori recommends the use of the tuning-fork in the treatment of neuralgic pains, the instrument to be applied, while vibrating, over the course of the painful nerve. The sittings are said to last about half an hour, when the pain is usually relieved without further treatment. Is this any indication that there is to be a revival of the "tractors" of the Perkinianists?

Chancre.—Resorcin has been substituted for iodoform in these cases by Dr. Leblond with considerable success. It may be used either in the form of powder or in solution, the proportion being twenty-five per cent.

THE
Medical Bulletin.

Philadelphia, January, 1884.

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. As THE BULLETIN goes to press on the 20th of each month, to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, etc., will be published without charge. As also professional and business changes of physicians and pharmaceutists, provided the announcement does not exceed five lines.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, while making purchases from our advertisers, that their attention was directed by the attractive style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

JOHN V. SHOEMAKER, M D., Publisher,
1031 Walnut Street, Philadelphia.

"A NEW PROFESSION FOR WOMEN."

THAT an opportunity now presents itself for the development of a commendable industry in the shape of a new profession for women, every intelligent member of the medical fraternity who reads aright the signs of the times will readily admit. Even the laity have become aroused to the necessities of the case; and no one who has for any length of time had charge of the sick-room, but realizes the advantages which would accrue were physicians supplied with an important link still wanting to complete our therapeutical resources. This defect in our system, which is gradually approaching a scientific basis, we are disposed to believe will be fully overcome by the employment of educated and intelligent nurses, both male and female, and to the latter class we shall direct our attention in the present paper. By reason of the numerous occupations to which within the past few years they have aspired, and which we willingly admit they have honored and dignified by their peculiar tact and skill, there is no class more deserving our co-operation and heartfelt sympathy than young women; and far from being mercenary, we desire to render them every assistance in our power.

Professor Gross, the eminent surgeon, in a recent issue of the Medical News of this city, has in a most able manner pointed out the advantages likely to follow the employment of trained nurses, and has dwelt at some length on the qualities deemed necessary to be possessed by the one who may be elevated to the responsible position of assistant to the physician; to all of which we heartily agree; and this subject therefore need not be considered here. Our object will have been accomplished if we can be instrumental in suggesting some practical method by which the necessary training may be secured to those who feel disposed to enter this new profession.

Referring to the history of this enterprise, we cannot do better than quote from the very excellent paper of Mr. Franklin H. North, in the November issue of the Century for 1882, the title of which we have selected as an appropriate heading for these remarks. From this paper we learn that in the early history of Bellevue Hospital the nursing was done largely by convicts from the Female Penitentiary; but "the profanity, drunkenness, theft, and profligacy of the attendants were soon too scandalous to be ignored, and in 1848 this system was abolished, and hired nurses, selected from among poor women of reputable character and decent habits, were employed in all the wards." This system continued until 1872, when further attention was called to Bellevue, and the Local Visiting Committee of the New York State Charities Aid Association began the work of reformation, and about this time was developed the idea of forming a Training School for Nurses. The condition of the hospital was even then most lamentable; but this committee, composed of sixty members, many of them ladies of high social position, began the work in a thoroughly systematic manner,

and in spite of the opposition of prominent physicians, the clamors of the clergy, and the social and political obstacles which confronted them, the undertaking has proven eminently successful. The graduates of this training school are to be found in the different cities of the country, but a majority of them are engaged in professional work in New York City, where their services are always in demand.

Now, inasmuch as this is a work in which woman can have full scope for the exercise of her divine gifts, it is but right and proper that such intelligent ladies as those who became the active spirit in this enterprise should take the matter in hand. Physicians, competent and willing, can be found in every city of five thousand inhabitants and upwards who will gladly give a portion of their time to this noble work. Yes, they will do even more than this: they will furnish employment to such of their pupils as show themselves worthy, and none others should be permitted to receive such instruction with a view to engaging in the service.

There are many ways in which a professional nurse can render valuable assistance to the physician; but in relation to diet, the knowledge she should possess is paramount to all other considerations.

"We may live without poetry, music, and art;
We may live without conscience, and live without heart;
We may live without friends; we may live without books;
But civilized man cannot live without cooks."

There is no question but that this method of presenting the subject will become popular; and with the proper men at the head of these schools, we have no doubt of their efficiency, and we believe that in this way much good can be accomplished. A number of ladies in this city have united to form an organization for promoting this work, intelligent practitioners have volunteered, a course of lectures has already begun, and it is said the prospects are quite encouraging. The subject is commended to the consideration of our readers for deliberation and action, and it is hoped we shall not look to them in vain for reports.

PICRIC ACID AS A TEST FOR ALBUMIN.

THE use of a saturated solution of picric acid as a test for albumin in the urine is a method which has recently been proposed; and although at first accepted as infallible by reason of its extreme delicacy, later investigations have shown that there are exceptions, and that it cannot always be depended upon. Some of these exceptions may be noted briefly as follows:—

1st. If a patient whose urine is to be examined has been under the influence of quinine during the twenty-four hours preceding, the presence of a small quantity of picric acid will produce at once a copious opalescent ring, which, on the application of heat, will be cleared up; but the application of heat or nitric acid will not produce coagulum. This shows, then, that the alkaloid quinine is eliminated through the kidneys, and the further proof, if any be needed, is found in the fact that picric acid, when placed in a solution of quinine, will produce the same effect as it does when the quinine is supposed to be in the urine.

2d. The presence of peptones in the urine, when the picric acid is added, will cause a precipitate. It has been shown by Gerhardt that peptones frequently appear in urine free of albumin, either as a forerunner or consequence of ordinary albuminuria, and Senator declares that peptones in slight quantities exist in every albuminous urine.

3d. An excess of albumin dissolves the precipitate formed by picric acid, and thus the examiner may be misled. It is therefore necessary to agitate the contents of the test-tube when a coagulum is formed by the addition of picric acid, in order to determine whether or not it will be dissolved.

4th. The presence of potassium salts in the urine will cause a precipitate.

5th. Still another possible cause of error is the presence in the urine of an excess of urates; but when this is the case, the reaction does not occur for some minutes. In regard to the latter, it should be noted that there is a difference

between this reaction and that which occurs when albumin is present; that of the former, when closely examined, will be found to be made up of small crystals, which disappear on the application of heat, while the albumin reaction is granular, and, as a matter of course, is increased by the application of heat.

There is no question but that the use of picric acid is an exceedingly delicate test, but unless the possibilities of error are first eliminated, it will certainly prove in many instances misleading. Used as a means of confirming the diagnostic *after* the determination of the reaction, and the presence of the albumin by heat and nitric acid, it may prove valuable, but as a decisive test it is uncertain.

A Slip of the Pen.—The Medical News, of the 8th ult., contains an editorial headed "Advertising Doctors," in which the writer undertakes to point out the dreadful things that will happen to the profession if our hospitals do not stop announcing that they will treat the poverty-stricken without compensation, or physicians forbid reporters mentioning their names and cases in the secular papers as a matter of news; and warns us if their advice is not heeded that "the whole edifice will tumble about our ears!" What a wise man that editor must be, we thought, and inwardly resolved to follow his teachings. Wishing to be still further instructed we continued our reading. But, alas! for human frailty. In the next editorial, telling us how Dr. Schücking proposes to treat certain maladies of the uterus, the virtuous editor interpolates the following remarkable sentence: "That this method is not a mere fancy, is proved by its employment in this city at the present time. We happen to know that a competent and enterprising female physician is using in this way a solution of carbolic acid, five per cent. in strength, for the relief of uterine cancer." Well! well! we wonder what our editor calls the puff direct; and which one of his "sisters, and his cousins, and his aunts" is it that is pronounced so "competent and enterprising" *officially*. *Moral.*—"Those who live in glass houses should not throw stones."

Nitrite of Sodium as a Toxic Agent.—A late issue of the Lancet contains a note from Dr. Sydney Ringer in regard to this remedy, and he takes occasion to caution the purchasers of the recent edition of the "Handbook of Therapeutics," stating that the dose should be from two to three grains instead of *twenty*. It appears that in giving the dose of this drug to be used, the author depended on the statement of a contributor who had used it successfully, but it now turns out that the preparation was largely adulterated with the nitrate. Dr. Murrell recounts his early experience with the drug, and from his communication we learn that decided toxic effects were produced by the administration of ten grains three times daily, one patient refusing to take a second dose of the prescription containing this amount for the reason that he had "a wife and family." Having secured a pure preparation, he has used it with very satisfactory results in those cases where the nitrites are indicated, such as the nitrite of amyl and nitroglycerine, but the dose is not to exceed two or three grains three times daily.

"Amenities of Journalism."

The following from "A Subscriber" so well expresses the views of many others who have either personally or by letter communicated their opinion to the Editor, that it is published without comment:—

Editor Medical Bulletin: I have just read the editorial, "Amenities of Journalism," in the December issue of The Bulletin, and feel that I must express to you the hearty sympathy I have as one of your readers with the spirit of that article. I do not read either the Medical Times or its younger brother, published, you know, "in the interests" not of the publishers, but "of the students of Jefferson Medical College;" but I accept at once The Bulletin's version of the facts, as well as the conclusion it draws as to the propriety of such an action, and the term applied to it.

I am sure all the readers of The Bulletin will feel the indignation you so well express, and the readers of all medical journals will feel interested in the exposure of such a *piracy*. The incident, however, affords oportunity to emphasize as you could not otherwise have done the activity and enterprise of your valuable journal.

Very respectfully yours,

A Subscriber.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. John McLean (Class of 18—) is settled in Moorhead, Minnesota.

Dr. J. W. Seip (Class of 1883) has removed his office to Ackermanville, Pa.

Dr. F. E. Stewart (Class of 18—) is located at 2121 Fitzwater Street, this city.

Dr. Charles Long (Class of 1882) is now pursuing his studies in Vienna, Austria.

Dr. Henry D. Fulton (Class of 1883) has been appointed local surgeon of the Pittsburgh and Lake Erie Railroad, at Pittsburgh.

Dr. Wm. H. Greene (Class of 1873) delivered recently an interesting lecture before the Franklin Institute on the subject of "Explosions in Collieries."

Dr. W. C. Gibson (Class of 1881), of Gordon, Georgia, has just returned from Europe, where he has been perfecting his knowledge of the eye as a specialty; he spent most of his time in the Royal Ophthalmic Hospital, London. Dr. Gibson will locate at Macon, Ga.

University of Pennsylvania.

Dr. C. M. Seltzer (Class of 1878) has removed to the N. E. corner of 17th and Green Streets.

College of Physicians and Surgeons, New York.

Dr. C. O. Belden (Class of 1883) has located in Litchfield, Conn.

Professor Edward Curtis is the author of an excellent "Manual of General Medicinal Technology, including Prescription-writing."

Dr. Gustavus Eliot (Class of 1880) has been appointed by the coroner Medical Examiner for the towns of East Haven and North Haven, Conn.

Dr. A. B. Coffin (Class of 1882), his time having expired at the New Haven Hospital, has accepted the position of Resident Physician at the Presbyterian Hospital, New York City.

Dr. John Lawrence LeConte (Class of 1846) died at his residence in Philadelphia, November 15, 1883, at the age of 58. Dr. Le Conte was a voluminous contributor to periodicals, principally on the subject of entomology, in which he was regarded as an authority.

Yale Medical College.

Dr. J. F. Caly (Class of 1880) is secretary of the Middlesex County Medical Society.

Dr. W. S. Russell (Class of 1880) was elected November 6, 1883, State Representative from Wallingford, Conn.

Dr. W. C. Welch, of Ansonia, Conn. (Class of 1878), and Dr. F. B. Tuttle, of Waugatuck, Conn. (Class of 1863), have been elected members of the New Haven County Medical Society.

University of New York.

Dr. W. P. Clark (Class of 1882) is located in Tolland, Conn.

Dr. L. A. Davison (Class of 1882) is located in Hartford, Conn.

Dr. G. E. Markham (Class of 1882) is located in Burnside, Conn.

Dr. E. K. Root (Class of 1879) has removed to Hartford, Conn.

Dr. B. L. Lambert, of New Haven, Conn., and Dr. J. M. Benedict (Class of 1882) were recently elected members of the New Haven County Medical Society.

Medical Department of Dartmouth College.

Dr. C. L. Fitch (Class of 1881) has removed from Betheny, Conn., to 93 Wooster Street, New Haven, Conn. He was elected, October 25th, a member of the County Medical Society.

The largest class ever graduated from Dartmouth Medical College received their diplomas, November 13, 1883. The degree of M.D. was conferred upon forty graduates. A prize for the best examination in therapeutics was awarded to L. F. Wentworth, of Bridgewater, Mass.

Harvard Medical School.

Dr. Nathaniel Hibbard (Class of 1882) has located in Danielsonville, Conn.

Dr. W. Foster Warren (Class of 1882) has located in Putnam, Conn.

McGill University, Montreal.

Dr. E. W. Smith (Class of 1882) has located in Meriden, Conn. He was elected a member of the N. H. County Medical Society, October 25, 1883.

MEDICAL NEWS AND MISCELLANY.

Dr. L. Reese has removed from Bristol to 618 West Cumberland Street, City.

Dr. Charles H. McIlwaine has removed from Philadelphia to No. 107 South Warren Street, Trenton, N. J.

Philosophical Lectures on the Nature of Things are delivered at the Hospital of Oral Surgery, Tuesday evenings at 8'oclock, by James E. Garreston, M.D.

DEATH OF DR. SIEMENS.—Charles William Siemens, the well-known scientist, engineer, and electrician, died November 20, 1883, of rupture of the heart. He was sixty-three years of age.

OHIO STATE SANITARY ASSOCIATION.—An effort is being made in Ohio for the purpose of organizing a State Sanitary Association. The citizens of Mansfield have taken the matter in hand, and Dr. R. Harvey Reed, of that city, has been appointed to secure signatures to a series of resolutions having that object in view.

Presbyterian Hospital.—A new medical ward has been opened in the hospital, and according to the report of the treasurer, the institution is in a healthy financial condition.

Trained Hospital Nurses.—The managers of the German Hospital have made arrangements for securing the services of a corps of the Lutheran Sisters of Charity from Kaiserwerth on the Rhine.

The International Review of Medical and Surgical Technics is the title of a new quarterly, announced to appear in January, 1884. According to the announcement, "the intention is to make the journal a *complete* index and retrospect of the medical and surgical technics of the preceding quarter of a year." The founders, Drs. Joseph Warren, Charles E. Warren, and W. E. Smith, have our best wishes. Office of publication, Boston, Mass.

Dr. James E. Reeves, Secretary of the State Board of Health of West Virginia, is receiving many compliments for the very timely address on the "Eminent Domain of Sanitary Science," read before the American Public Health Association at the annual meeting held in Detroit.

The annual meeting of the American Public Health Association held at Detroit in November was successful, both in the number in attendance and in the amount of work done. Many papers of an eminently practical character were read and discussed, and undoubtedly much good will result from an interchange of opinions on the subjects brought before the association.

Constitution of the Alkaloids.—Professor Samuel P. Sadtler selected this subject for his introductory lecture to the class of 1883–4 in the Philadelphia College of Pharmacy, and his studies in this direction have been rewarded with many valuable discoveries, which in the near future will be made available in the domain of pharmacy. The paper, which is published in full in the American Journal of Pharmacy, closes with the following interesting prediction: "We may conclude, from this reference to what has been done in the last few years, that the reproach mentioned in first speaking of the alkaloids as a class, that almost nothing was known of their constitution, will not long remain, and that as their molecular structure is laid bare in these studies now being made, keen-sighted chemists will effect their artificial formation. When these most valuable compounds can be made by exact methods, in a state of entire purity, and at a cost much below that paid for the present extraction of them from relatively rare plants, organic chemistry will have placed all of us under obligations as great as those owing any branch of science, no matter how practical we call it."

NOTES, QUERIES, AND REPLIES.

From a private letter we make the following extract: "Allow me to say that the item 'Sore Eyes,' in the Therapeutic Notes of the November issue is good. While in charge of the Indians I had a very large experience with sore eyes of all grades of severity. My uniform treatment during the acute stage was *very* hot fomentations; and if the case was urgent, these were kept up almost constantly, *making* the patient open his eyes in the water. For the purpose of relieving the spasm, a solution of atropia was used, two grains to the ounce, three or four times daily, and the patient was instructed to take one drachm of the sulphate of magnesia three times a day. After the acute symptoms had disappeared the atropia and the salts were discontinued, and the ungt. hydrarg. rub. used locally. As the disease proved very infectious, I could stop it from spreading in the school only by ordering all the towels taken down. James Vercoe, M.D.

New Tacoma, Wash. Ter.

Note on the Efficacy of Cream of Tartar in Reducing the Dropsical Swelling of Ascites.—The patient, Mrs. P., had always enjoyed excellent health until eighteen months previous to her coming under my observation, when she noticed that her abdomen began to increase in size. Physicians whom she had consulted had pronounced the disease intramural tumor, and ovarian tumor; but on the 27th of August, after careful examination, I concluded that it was simply a case of ascites; and digitalis, one drachm of the infusion, was prescribed three times daily. At the expiration of three weeks, no improvement having taken place, the digitalis was discontinued and infusion of scoparius ordered instead; but two weeks more having elapsed and no advantage having been gained, I began to lose faith in my own diagnosis, and as a last resort prescribed the following:—

℞. Potass bitart.
Sodii boracis, . . . āā ʒij.
M. et div. in chart., No. viij.
S. One powder to be taken at bedtime.

The result was most satisfactory; relief promptly followed, and there has been no recurrence of the malady up to the present time.

S. Wimpelberg, M.D.

Poughkeepsie, N. Y.

Dr. J. Ward Scott, President of the Medical Society of Harford County, Md., delivered an interesting and instructive inaugural address at the recent meeting at Bel Air.

REPORTS OF SOCIETIES.

Semi-Annual Session of the Camden County Medical Society.

The thirty-eighth semi-annual meeting of the Camden County Medical Society was held at Eggman's Hotel, Cooper's Point, November 13, 1883, Dr. J. R. Haney in the chair and Dr. H. Genet Taylor secretary. There were present as members of the society Dr. John W. Snowden, also President of the State Medical Society; Drs. Jennings, H. G. Taylor, Branin, Young, Stevenson, Ridge, Smith, Mecray, White, Hewlings, Pancoast, Ireland, Boughman, Tomlinson, Shivers, Woolston, Godfrey, Armstrong, Snitcher, Blake, W. A. Davis, H. H. Davis, Benjamin, Hoell, Hamilton, Townsend, Palm, Dobson, Gross, Iszard, Walsh, and others; and as visitors, Dr. Welch, President of the Philadelphia County Medical Society; Dr. Murray, Surgeon U. S. N.; Dr. John V. Shoemaker; Messrs. Brown and Delacour, microscopists; Dr. Alexander, Rev. Joseph F. Garrison, and others.

Several applications for membership were made, and Dr. E. P. Townsend was admitted by ballot as a member of the society.

The chairman of the section on Practice, Dr. J. W. Snowden, read a paper on the prevailing diseases of the county during the past six months, which is given in full on pages 8–11.

Dr. Godfrey read a paper on the germ-theory of disease and the diseases incident to Camden.

Dr. Benjamin, chairman of the section on Surgery, read a paper on general principles of surgery, and exhibited an original apparatus for the treatment of fractures of the leg, which is an improvement on any hitherto existing for that class of fractures.

Dr. Ridge, chairman of the section on Microscopical Pathology, read a paper on consumption, and with the assistance of Messrs. Brown and Delacour exhibited under the microscope the Koch bacilli.

Dr. Hamilton read a paper on the importance of chemical and microscopical examination of the urine in the practice of medicine.

Dr. Gross read a paper on the impurities of the Camden water supply, taking up for consideration the possible dangers of specific contaminations and the best means of averting them. The remarks of Dr. Gross may be summarized as follows: Relating to the best means of obtaining pure water, he believed that water obtained from subterranean sources is undoubtedly the purest, and that the artesian well-system has proven itself worthy of the highest rank in the order of water supplies, the condition of several cities of this country having already forcibly presented the claims of this system. The speaker said that a number of towns in England had been compelled to abandon a river water supply; that the present condition of the supply of Jersey City was such that if persisted in the population may some day be decimated by a fearful pestilence; and that the time might come when such a method of supplying the water to Camden may prove a blessed reality. He believed, in regard to the best means of improving the present method of supply, that there should be provided a large filtering basin, and that the receiving end of the pipe should be placed twelve or fifteen miles up the Delaware, and that such an improvement would be of incalculable benefit to the citizens of Camden.

The discussions upon the various papers were taken part in by the members generally, and were exceedingly interesting, important, and beneficial.

The following resolutions in regard to a recent entertainment of the Camden County Medical Society by the Philadelphia County Medical Society were adopted:—

Whereas, The Camden County Medical Society were very elegantly entertained at a social meeting by the Philadelphia County Medical Society on October 10, 1883;

Resolved, That the members of this society, in accepting the invitation of the Philadelphia County Medical Society, regard it as a furtherance of that social and professional kindness for which the members of that society are distinguished.

Resolved, That the kindness with which we were received fully justified the good opinion we have heretofore entertained.

Resolutions of sympathy for Dr. Marcy, because of his illness and inability to be present at the meeting, were adopted, and a floral offering from the society voted to him. Later in the day, Dr. H. Genet Taylor, Secretary of the society, procured a beautiful basket of flowers from a florist and sent it to Dr. Marcy.

The subject of smallpox was taken up and thoroughly discussed, and resolutions passed recommending that the Sanitary Committee of City Council adopt a plan of vaccination and revaccination. They thought that the disease had reached such proportions that they were justified in making this recommendation.

About three o'clock the society adjourned and repaired to the spacious dining-rooms of the hotel, where a bounteous and appetizing collation had been prepared by mine host Eggman.

Here the Æsculapians proved themselves to be as expert and as much at home as they are in a sick-chamber. At the close of the dinner, the Secretary proposed a toast to the Philadelphia County Medical Society, which was responded to by the President of that society, Dr. William

Welch, who gave an interesting account of the manner in which the Philadelphia County Medical Society was conducted. He complimented his brethren in New Jersey upon their mode of conducting medical affairs. He was followed by Rev. Dr. Garrison, who spoke in reply to a toast to the relations of medical science to religion, and the pressure that this generation is running under; also of the heights to which medical men are to rise. He referred to the many diseases which are brought on by high social life, and it was for the medical world to regulate this matter to the advantage of the society. A toast to the medical staff of the United States Navy was responded to by Dr. Murray, of the Navy.

After concluding the business of the session, the association adjourned until the next annual meeting, which will take place on the second Tuesday of June, 1884, the members uniting in the expression of the sentiment that the meeting was one of the most profitable that has been held for years.

THE NEW HAVEN COUNTY MEDICAL SOCIETY.—The semi-annual meeting of the New Haven County Medical Society was held October 25, 1883, at the Elliott House, New Haven, Conn., the President, M. N. Chamberlin, M.D., in the chair. There were present forty members. The minutes of the last meeting were read by the Clerk, Dr. C. E. Park, of New Haven. The Committee on Credentials presented the following names for membership: Dr. J. M. Benedict, of Waterbury, Conn.; Dr. W. C. Welch, of Ansonia, Conn.; Dr. E. W. Smith, of Meriden, Conn.; Dr. F. B. Tuttle, of Naugatuck, Conn.; Dr. C. L. Fitch, of New Haven, Conn.; Dr. B. L. Lambert, of New Haven, Conn. They were voted upon and accepted as members. The Committee on Biographical Sketches was not present. Professor C. A. Lindsley, Chairman of the Committee on Public Hygiene, made an informal report as follows: That so far as he had been informed, there had been no prevalent epidemic in this city; of the neighboring towns he could not speak. In New Haven, during last July and August, the mortality had been the largest numerically that the city had ever suffered. He then touched on the sewerage system of the city. One thing he had noticed: of thirty-eight infantile deaths, thirty were those who lived on sewered streets. There were thirty-eight miles of sewered streets in New Haven. Dr. Francis Bacon, of New Haven, said that in his practice throughout the city he had become aware of the damaging effects of defective sewer connections. Sewer gases not properly carried away were worse than no sewer at all. He believed that many of the old wells in the city had been poisoned by the sewers, and that they were more poisonous now than they were twenty-five years ago. He wanted legislation for the compulsory filling up of all the old wells in the city.

The case of Dr. E. L. R. Thomson, of New Haven, was brought up, and it was moved and seconded that Dr. Thomson be expelled from the New Haven County Medical Association, this vote, however, to be subject to the approval of the State Medical Association. The motion was unanimously carried. Dr. Francis Bacon, of New Haven, offered the following resolutions, which were unanimously adopted:—

WHEREAS, E. L. R. Thomson, a member of this society, is accused of the offence of criminally procuring an abortion, and was prosecuted therefore in the City Court, and, making no defense, was held in bond of $1000, for trial in the Superior Court, which bond he has since forfeited rather than to appear for trial at the appointed time, hoping thus to escape further punishment, and thereby making virtual confession of the justice of the accusation; therefore, be it

Resolved, That he, the said E. L. R. Thomson, be, and hereby is, expelled from this society.

Resolved, That this society, viewing with deep concern the prevalence of the execrable crime of fœticide,—a crime which strikes at the very roots of society, a crime equally shameful, demoralizing, and fraught with infinite dangers to the woman upon whom it is practised,—has seen with indignant regret the latest exhibition of futility in the administration of the laws against this crime.

Resolved, That in the opinion of this society the conviction and adequate punishment at law of a conspicuous abortionist would have a stimulating and salutary effect upon the public conscience, now dulled and benumbed by the sight of statutes condemned as a dead letter by the impunity of habitual malefactors.

Dr. E. D. Goodyear, of North Haven, read a paper on "Pleuritis."

The Committee on Dissertations was called for. Dr. McGaughey, of Wallingford, responded by reading a report of a case of intestinal obstruction in a child four and a half months old, which was listened to with great interest.

The meening closed about five P.M., after voting for officers for the next meeting.

THE PHILADELPHIA MEDICAL REGISTER AND DIRECTORY.—A new edition of this work is in course of preparation, and the Editor, Dr. Wm. B. Atkinson, will be pleased to have the names and residences of all physicians now practising in this city. Address 1400 Pine Street.

Now is a good time to subscribe for THE BULLETIN for the year 1884.

BOOK REVIEWS.

A Pocket-Book of Physical Diagnosis of the Diseases of the Heart and Lungs. For the Student and Physician. By DR. EDWARD T. BRUEN, Demonstrator of Clinical Medicine in the University of Pennsylvania, and Assistant Physician to University Hospital; one of the Physicians to the Philadelphia Hospital and Dispensary of the Children's Hospital; Lecturer on Pathology in the Woman's Medical College of Philadelphia, etc. Second edition, revised, with additional illustrations. Cloth, 12mo. Pp. 228. Philadelphia: P. Blakiston, Son & Co., 1883.

A work embracing the points to be considered in the diagnosis of the diseases of the heart and lungs, when condensed into the space of two hundred and twenty-eight 12mo. pages, cannot of course partake of the purely literary features which characterize more extended treatises; but, while the descriptions are necessarily brief, they may yet be sufficiently accurate to guide those who already have had some preliminary training, and Dr. Bruen's book, we believe, will be welcomed by many who care only for brief references. The preparation of this work has been undertaken by a gentleman who has had extremely favorable opportunities for observation, and the result is that we have pathological conditions considered largely from a clinical standpoint; and although there is much that will be perused with profit, the reader finds that less crowding would add materially to the harmony and precision of the text.

Part I. is devoted to the diseases of the lungs, and Part II. to the diseases of the heart. In the former, there are two particularly interesting chapters,—one on croupous and acute catarrhal pneumonia, the other on the morphology of pulmonary phthisis; in the latter, the chapter on sounds and murmurs, by reason of its containing some novel ideas, will prove interesting.

The Physician's Pocket Day-Book. Designed by C. H. LEONARD, M.A., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Michigan College of Medicine. Detroit, Mich.: The Illustrated Medical Journal Co., 1883.

A very convenient little arrangement for the pocket is Dr. Leonard's "Day-Book." Made of an excellent quality of paper, and with the necessary blank spaces for the usual entries, it can be used either for twenty or forty patients weekly. Accounts may be posted from this to the ledger at the end of the week, or they may be carried forward, and the whole amount passed to the ledger at once.

Bacteria and the Germ-Theory of Disease: eight Lectures delivered at the Chicago Medical College. By DR. H. GRADLE, Professor of Physiology, etc. Pp. 219. Chicago: W. T. Keener, 96 Washington St., 1883.

The work of Professor Gradle is a summary of about all that has been contributed to our knowledge of this most interesting department of medicine. The author treats the subject in an impartial manner, and, while he is not carried away by the enthusiasm of the observer and experimenter, he is not the skeptic that negates any and everything. He thoroughly covers the ground from the first beginning of the micro-organisms, together with their description and classification, the technique of their observation, culture, and their destructive action on the living organism, along with the antagonism to their own existence. Their presence as well as their effect under certain conditions are well described, while the researches of the different observers and authors are quoted and logically analyzed.

The latest observations of special micro-organisms found in certain diseases are noted, with the question open if the origin thereof is due to their existence, or if they are consequent to or incidental with the pathological process. The culture and inoculation should go to explain this, but has in many instances been found deceptive, and while there is undoubted reason to believe that some types of disease are due to bacteroid invasion, much has yet to be learned in regard to others. Dr. Gradle's work is certainly one of the clearest expositions of this subject we have seen, and deserves to be closely studied.

Gout in its Protean Aspects. By J. MILNER FOTHERGILL, M.D. Cloth, 12mo. Pp. 303. Detroit, Mich.: George S. Davis, 1883.

The writings of Dr. Fothergill are so well known on this side of the Atlantic that any words of commendation on the part of the critic would seem to be a work of supererogation. The disease—gout—is one which, though infrequent in this country, is not entirely unknown; and there is reason to believe that with the advances in our civilization, with its concomitants, ease, and a luxurious style of living, we may reasonably look for an increased number of sufferers, and thus the work is a timely and acceptable addition to our literature.

In anticipation of adverse comments on his views, Dr. Fothergill has forestalled all criticism and very materially strengthened his position by relating the story of the whirling Dervise, and adding, "There is a class of mind at once shallow and ungenerous, which can believe only in what it itself can see. . . . There would be no satisfaction in believing one's own superiority over a mind of that order. Nor does the charge of overweening vanity lie at one's door for saying so."

Handbook of Electro-Therapeutics. By DR. WILHELM ERB, Professor in the University of Leipzig. Translated by L. PUTZEL, M.D. Cloth, 8vo. Pp. 366 With 39 woodcuts. New York: William Wood & Co., 1883.

Electro-therapeutics and electro-diagnosis are subjects no longer confined to the specialist in medicine, and the value of electricity in the treatment of many diseases is not now a matter of doubt. The "Handbook" of Professor Erb consists of a series of thirty-six lectures, the divisions of the subject being taken up in regular order and discussed in a very practical manner. It is not an elementary work, but those who have already obtained a fair general knowledge of the principles will readily be able to follow the author, and will profit from his lucid instructions. We do not mean by this that it is adapted to the wants of experts alone; but, on the contrary, it covers the ground necessary to be traversed by the general practitioner who wishes to know, first, how electricity may be used, and second, the plan he can adopt which is most likely to be of service to him in treating such of his patients as may require it, and this we think the author has most satisfactorily accomplished. The reputation of Professor Erb is already established as an authority on electro-therapeutics, and the present work but confirms the high opinion heretofore entertained of his abilities.

A Review of New Drugs and Remedies introduced during the last ten years. Reprint of a paper presented to the Pennsylvania Pharmaceutical Association. By L. WOLFF, M.D., Pharmaceutical Chemist. Philadelphia, 1883.

Dr. Wolff has done the profession a good service in making up this valuable compilation. Arranged in alphabetical order are no less than three hundred and twelve of the remedies which have recently been introduced, and along with the doses are given the therapeutical indications according to the latest investigations. It will prove especially interesting to those who have not felt the necessity of keeping up to the times, and at the same time its convenient form will render it a handy book of reference for all. The author has already received from many prominent professional men letters thanking him for this very excellent little brochure.

Horses, their Feed and their Feet. A Manual of Horse Hygiene. Paper covers. 12mo. Pp. 149. New York: Fowler & Wells.

"Two or three meals a day," is one of the important questions considered in connection with the management of horses, and Dr. Page, the author of this little book, has placed himself on record as the apostle of the former system. Part II. is devoted to the subject of shoeing, the notes having been prepared by Sir George Cox and Col. M. C. Weld, and on the whole it may be said that the book will be favorably received by those who have horses to drive.

A Manual of Practical Hygiene. By EDMUND A. PARKES, M.D., F.R.S. Edited by F. S. B. Francois De Chaumont, M.D., F.R.S. Sixth edition, with an appendix, giving the American practice in matters relating to hygiene, prepared by, and under the supervision of, Frederick H. Owen, Civil and Sanitary Engineer. Vol. I. 8vo. Pp. 368.: W. Wood & Co., 1883.

Practical hygiene, as presented in the volume before us, is a timely addition to the information which is daily becoming more of a necessity to the physician who has at heart the welfare of his patients, and we cordially commend its teachings. The physician of the future will lose *caste* as well as patients should he neglect the observance of the laws governing the development and spread of disease due to the sanitary sins of his patrons. There are in this volume two chapters of special importance, viz., the collection, storage and distribution of water, and that on the quality, choice and cooking of food. From the latter, the reader will learn the necessity of scrutinizing carefully every article of food, the dangers arising from diseases connected with various vegetable substances, and the need of skilful attention in the culinary department; while in the former, he will be apprised of the insidious, but certain diseases which follow the contamination of water from lead pipe and other sources, and he will soon be settled in his conviction that there may be *death in the kitchen.*

Student's Manual of Diseases of the Nose and Throat. By J. M. W. KITCHEN, M.D., Assistant Surgeon to the Metropolitan Throat Hospital; late Instructor in Diseases of the Nose and Throat at the New York Post-Graduate Medical School, etc. Cloth, 12mo. Pp. 127. Illustrated. New York: G. P. Putnam's Sons, 1883.

The prominence which of late years has been given to the study of diseases of the nose and throat, together with deductions which have been presented by careful and observing specialists, have been the means of attracting students in this direction. When it is admitted that in this part of the anatomy may be discovered conditions which have an important bearing on diagnosis, as well as on prognosis and treatment, the necessity for general practitioners to become conversant with the methods of examination and treatment of these affections is at once manifest. In the little book before us, Dr. Kitchen, an experienced laryngologist, has endeavored to present only the essential features necessary for those about to enter on the work, and as a manual it is highly commendable. The subjects, though numerous, are treated from a practical standpoint, and its perusal will no doubt afford students a substantial basis for future work and study.

Sanitary and Statistical Report of the Surgeon-General of the Navy for the year 1881. Washington: Government Printing Office, 1883.

An erroneous idea in the minds of the public seems to obtain in regard to the service of government officials, and the impression is all too prevalent that these gentlemen, having permanent positions, regular pay, and freedom from all the cares and vicissitudes of life, do little and accomplish less. The difficulty is, that much of their work is buried in the labyrinth of official reports, consigned to oblivion, unless, perhaps, rescued by some enthusiastic explorer in the pursuit of knowledge. Such an example we have in the volume under consideration. Here the active reformer on the subject of sanitation can find stores of wisdom which he may have for the asking; here the progressive physician will find valuable statistical tables, along with numerous charts and diagrams, showing the prevalence and persistence of different diseases throughout the year in various parts of the world.

In addition to a statement in detail of the condition of all the vessels afloat, we have a synoptical classification of the condition of the Asiatic Squadron, the European Squadron, the North Atlantic Squadron, the Pacific Squadron, and the South Atlantic Squadron. From these condensations we learn the general and local diseases prevailing, the loss of service and invaliding, the medical topography, and the naval hygiene of the vessels of each.

Under the head of Sanitary Investigations, we are given some interesting points relating to air-dust culture and bacteria, the text being illustrated by several finely-executed heliotype engravings.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army, Authors and Subjects. Vol. IV. E-Fizes. 4to. Pp. 1033. Washington: Government Printing Office, 1883.

As an indication of the large amount of material which has accumulated in the Surgeon-General's office, we may refer to some items gleaned from the above work. The references under the head of Ear, occupy 36 pages; Education, 64; Elbow-joint, 8; Electricity, Electrolysis, Electro-physiology, and Electro-therapeutics, 22; Elephantiasis, nearly 4; Embolism, 14; and Eye, 100. While the references are numerous, the arrangement is such that one can readily find the information wanted on any subject, and this appears to have been made a special feature of the work. We may congratulate the profession on the progress of this immense work, and Dr. Billings is entitled to great credit for the excellent system which has been followed out in its make-up. Having already secured the Library, the index makes it doubly valuable; but next we stand in need of a suitable fire-proof building for its protection, an appropriation for which we hope will be forthcoming at the next session of Congress.

A Text-Book of General Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by DONALD MCALISTER, M.A., M.B. Cloth, 8vo. Pp. 371. Illustrated. New York: William Wood & Co., 1883.

The excellent treatise of Rokitansky on pathological anatomy, in point of accuracy of observation, will probably never be surpassed; but in many respects it is defective as a guide at the present time, and the text-book of Professor Ziegler, which has been prepared under more favorable conditions by reason of the increased facilities for investigation which of late years have been added to our means of obtaining knowledge in this branch of study, will be gladly received by the profession. Evidently the author has given the subject careful consideration, and every page is marked by that accuracy of statement which is indicative of extensive research; but notwithstanding the large number of authorities referred to (over five hundred), there is nothing appears in the text either to make the reasoning ambiguous or in any way to mar the consecution of thought, defects most likely to follow an attempt at compilation.

The Medical Student's Manual of Chemistry. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo; Professor of Chemistry and Toxicology in the University of Vermont; Professor of Physiological Chemistry in the University of the City of New York, etc. 8vo. Pp. 370. New York: William Wood & Co., 1883.

There are teachers and teachers. The most casual examination of the work before us is sufficient evidence that Prof. Witthaus has well earned the position to which he aspires, in offering a manual to students. Having been prepared with a special view to facilitate the investigations of medical students by one who seems to be thoroughly conversant with their wants, and the task having been accomplished in a most satisfactory manner, we venture the prediction that the usefulness of this work will be felt in every medical school to such an extent that its adoption as a text-book will eventually become a necessity.

Departing somewhat from the usual custom of the works on chemistry, as the special plan of the treatise requires, Prof. Witthaus has by no means advanced any ideas which might be regarded as innovations; but, on the contrary, such changes as he suggests are directly in the line of

scientific work. Instead of following the lines marked out by Berzelius, who divided the elements into two classes, the *metals* and *metalloids*, he has presented to us a new classification by which the elements are grouped according to their *chemical* rather than their *physical* properties; and although, as he admits, there will be some difficulty in finding the group to which some of the more recently discovered substances belong, we cannot doubt the propriety of this method, while a consideration of its bearings leads to the conclusion that it is a commendable step.

Part III. is devoted to Laboratory Technics, a subject no less important to the practitioner than to the student, and thus the manual answers nearly everything that can be desired in the shape of a table-book for the busy physician.

The illustrations are numerous, the mechanical execution is good, and its value is materially enhanced by the addition of a copious index.

The Roller Bandage. By WILLIAM BARTON HOPKINS, M.D., Surgeon to the Out-Departments of the Pennsylvania, Episcopal, and University Hospitals; Assistant Demonstrator of Surgery in the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia, etc. Cloth, 12mo. Pp. 95. With seventy-three illustrations. Philadelphia: J. B. Lippincott & Co., 1883.

Useful alike for the physician, the student, and the nurse, this little book of instruction deserves a wide circulation. As stated in the preface, the author's plan is "to teach by numerous illustrations rather than by elaborate description the method of applying the roller bandage," and an examination of the pages soon settles the question as to whether or not the work is of a practical character. The illustrations have been made from photographs taken on the spot, and thus theories are made secondary to the utilities.

The Collective Investigation of Diphtheria, as conducted by The Therapeutic Gazette, with Editorial Summary. By J. J. MULHERON, M.D. 12mo. Pp. 120. Detroit, Mich.: George S. Davis.

"When doctors differ, who shall decide?" is the query which naturally presents itself on taking up this little book; and although the contributors are gentlemen who have had experience in the treatment of this disease in its different forms, and are not without reputation in the medical world, there is no disguising the fact that in several important particulars it is a medley of contradictions. Over one hundred physicians from different sections of the country having been requested to forward replies to a series of questions relating to diphtheria, we should expect some differences of opinion as to pathology and treatment, but it would scarcely be regarded as within the range of possibilities that these opinions should be diametrically opposed to each other. Such, however, is the case; and to convert order out of chaos, the literary *baton* has been placed in the hands of Dr. Mulheron, who in a comprehensive and well-worded summary, proceeds to point out the features which may be looked upon as constant, while he at the same time suggests that his conclusions are not to be slavishly followed in the treatment of every case.

Representing the views of so large a number of widely-distributed observers, this compilation deserves more than a passing notice; but want of space prevents extended discussion, and we shall only add that its perusal will be profitable by reason of the positive as well as the negative information which may be gleaned from its pages.

Manual of General Medical Technology, including Prescription-Writing. By EDWARD CURTIS, A.M., M.D., Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, Medical Department of Columbia College, in the City of New York. Cloth, 16mo. Pp. 234. New York: William Wood & Co. 1883.

Prescription-writing, to the recent graduate, is one of the most difficult lessons, and a pocket manual, such as that of Professor Curtis, if carefully studied, will materially aid him in the suitable combination of remedies. The metric system is explained in a manner at once lucid and attractive, and will no doubt accomplish much in the way of rendering this method less distasteful to those who have given it but little attention.

NEW PUBLICATIONS RECEIVED.

The Story of our Fourth Year, or the Work of the Philadelphia Medical Mission. M. B. Kirkpatrick, Physician and Director.

Ominous Symptoms in Typhoid fever. By Chas. R. Crandall, M.D., Portland, Me. A paper read before the Portland Medical Club, October 18, 1883.

Abstract of the Proceedings of the Michigan State Board of Health at its meeting October 9, 1883. Henry B. Baker, M.D., Secretary, Lansing, Mich.

Description of a Revolving Astigmatic Disk. By Charles A. Oliver, M.D., one of the Ophthalmic and Aural Surgeons to St. Mary's Hospital, Philadelphia.

Clinical Report on Cases of Lacerated Cervix and Ovariotomy. From private practice. By Joseph Warren, A.M., M.D., Boston, Mass. Reprint from the Boston Medical and Surgical Journal of August 30th and September 6, 1883. Cambridge: Riverside Press, 1883.